

**\*108110\***

October-07-13 9:11:43 AM

**\*N900040100\***

Setup Start \*NS1\*

Stop \*NS2\*

**Start Date:** 10/18/13      **Start Qty:** 2.00

**Required Date:** 10/18/13      **Req'd Qty:** 2.00

**Cust Item ID:**

**Customer:**

**Reference:**

Approvals: Process Plan: MLJ Date: 13-10-07 Tooling:

Date:

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_

Date:

Stop \*NR2\*

[illegible]

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                              | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                              | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                              | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Setup         |      |      |     |                                                     |                   |                    |             |              |              |
| Other         |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

**FAULT CATEGORY**

| Landing Gear                                          | General                                 | Other                                                    |
|-------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           |
| <input type="checkbox"/> Crushed/Crimped              | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear |
| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Misabeled                       |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         |
| <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |
| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |
| <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |
| <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |
|                                                       |                                         | <input type="checkbox"/> Ovalized                        |
|                                                       |                                         | <input type="checkbox"/> Over/Under tolerance            |
|                                                       |                                         | <input type="checkbox"/> Part Incorrect                  |
|                                                       |                                         | <input type="checkbox"/> Part Lost/Missing               |
|                                                       |                                         | <input type="checkbox"/> Part Moved                      |
|                                                       |                                         | <input type="checkbox"/> Positioned Wrong                |
|                                                       |                                         | <input type="checkbox"/> Power Loss/Surge                |
|                                                       |                                         | <input type="checkbox"/> Pressure/Forced                 |
|                                                       |                                         | <input type="checkbox"/> Temperature/Cure                |
|                                                       |                                         | <input type="checkbox"/> Weld                            |
|                                                       |                                         | <input type="checkbox"/> Wrong Stock Pulled              |
|                                                       |                                         | <input type="checkbox"/> Other                           |

**Work Order ID 108110**

October-07-13 9:11:43 AM

**\*108110\***

Page 2

Item ID: D2175-2

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Angle RH

Start Date: 10/18/13 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 10/18/13 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

120

QC8- Inspect parts - second check

0.00

DAS  
27  
9-89**\*120\***

QC

Memo

0.00

Quality Control

130

Small Fab

0.00

**\*130\***

Small Fab

Memo

0.00

Small Fab

Debur Stack

140

NC BRAKE

0.00

**\*140\***

Brake NC

Memo

0.00

Brake NC

Form as per Dwg D2175

DAS  
30  
9-89DAS  
30  
9-89

13/11/19

13/11/19

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
|--------------------------------------------------------------|------|------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |              |  |  |
| Root Cause                                                   | Date | Step | Qty | Description of work order update or Non-conformance                                                                                                                             | Initial Chief Eng | Action Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sign & Date | Verification | QC Inspector |  |  |
| Doc/Data <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Equip/Tooling <input type="checkbox"/>                       |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Operator <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Material <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Setup <input type="checkbox"/>                               |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Other <input type="checkbox"/>                               |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Process <input type="checkbox"/>                             |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Supplier <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Training <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Unapproved <input type="checkbox"/>                          |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |

| FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |

October-07-13 9:11:43 AM

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12/11/20

15 7/13-11-20

15

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
|--------------------------------------------------------------|------|------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |              |  |  |
| Root Cause                                                   | Date | Step | Qty | Description of work order update or Non-conformance                                                                                                                             | Initial Chief Eng | Action Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sign & Date | Verification | QC Inspector |  |  |
| Doc/Data <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Equip/Tooling <input type="checkbox"/>                       |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Operator <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Material <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Setup <input type="checkbox"/>                               |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Other <input type="checkbox"/>                               |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Process <input type="checkbox"/>                             |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Supplier <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Training <input type="checkbox"/>                            |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |
| Unapproved <input type="checkbox"/>                          |      |      |     |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |              |  |  |

| FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |

# Work Order ID 108110

\*108110\*

Page 4

October-07-13 9:11:43 AM

Item ID: D2175-2

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Angle RH

Start Date: 10/18/13 Start Qty: 2.00 \*2\*

Cust Item ID:

Required Date: 10/18/13 Req'd Qty: 2.00 \*2\*

Customer:

Reference:

Approvals: Process Plan: Date: Tooling: Date:

Run Start \*NR1\*

QC: Date: SPC (Y/N): Date:

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                    | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp    |
|--------------------------------|---------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|-------------------|
| 180                            | Identify as per dwg & Stock Location: GA    | 0.00                 |         |        |              |               |               |                  | DAS<br>26<br>9-89 |
| *180*                          |                                             |                      |         |        |              | 15x           |               |                  | 13-11-21          |
| Packaging                      | Memo                                        | 0.00                 |         |        |              |               |               |                  |                   |
| Packaging                      |                                             |                      |         |        |              |               |               |                  |                   |
| 190                            | QC21- Final Inspection - Work Order Release | 0.00                 |         |        |              |               |               |                  | 13/11/22          |
| *190*                          |                                             |                      |         |        |              |               |               |                  |                   |
| QC                             | Memo                                        | 0.00                 |         |        |              |               |               |                  |                   |
| Quality Control                |                                             |                      |         |        |              |               |               |                  |                   |

pl 13-11-21

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                              | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                              | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                              | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Setup         |      |      |     |                                                     |                   |                    |             |              |              |
| Other         |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

**FAULT CATEGORY**

| Landing Gear                                          | General                                 | Other                                                    |
|-------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           |
| <input type="checkbox"/> Crushed/Crimped              | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear |
| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Mislabeled                      |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         |
| <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |
| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |
| <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |
| <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |
|                                                       |                                         | <input type="checkbox"/> Ovalized                        |
|                                                       |                                         | <input type="checkbox"/> Over/Under tolerance            |
|                                                       |                                         | <input type="checkbox"/> Part Incorrect                  |
|                                                       |                                         | <input type="checkbox"/> Part Lost/Missing               |
|                                                       |                                         | <input type="checkbox"/> Part Moved                      |
|                                                       |                                         | <input type="checkbox"/> Positioned Wrong                |
|                                                       |                                         | <input type="checkbox"/> Power Loss/Surge                |
|                                                       |                                         | <input type="checkbox"/> Pressure/Forced                 |
|                                                       |                                         | <input type="checkbox"/> Temperature/Cure                |
|                                                       |                                         | <input type="checkbox"/> Weld                            |
|                                                       |                                         | <input type="checkbox"/> Wrong Stock Pulled              |
|                                                       |                                         | <input type="checkbox"/> Other                           |



# Picklist Print

October-07-13 9:11:43 AM

Page 1

Work Order ID: 108110  
Parent Item: D2175-2  
Parent Item Name: Angle RH

Start Date: 10/18/13 Required Date: 10/18/13  
Start Qty: 2.00 Required Qty: 2.00

Comments: IPP E04.06.09ReformatKJ/RF  
IPP Rev:F 06-04-28 Manufactured on Water Jet JLM  
IPP Rev:G As per Rev E 06-11-22 JLM

| Component Item ID/<br>Item Name    | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| M2024T3S.063<br>2024-T3 .063 sheet |                        | Purchased     | No          |                     |                  | 100             | sf                 | 336.0789       | 0.4722      | 0.9941052    |               | Ac 13.11.18    |        |

| <u>Location</u> | <u>Loc Qty</u> | <u>Loc Code</u> |
|-----------------|----------------|-----------------|
| MAT022          | 336.0789       |                 |
| 119916          | 0.2            |                 |
| 121197          | 21.34          |                 |
| 123096          | 11.4           |                 |
| 123654          | 11.64          |                 |
| 123701          | 16.1039        |                 |
| 125341          | 87.94          |                 |
| <u>125636</u>   | 187.455        |                 |

125636 → 7.43

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                              | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                              | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                              | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause    | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling |      |      |     |                                                     |                   |                    |             |              |              |
| Operator      |      |      |     |                                                     |                   |                    |             |              |              |
| Material      |      |      |     |                                                     |                   |                    |             |              |              |
| Setup         |      |      |     |                                                     |                   |                    |             |              |              |
| Other         |      |      |     |                                                     |                   |                    |             |              |              |
| Process       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier      |      |      |     |                                                     |                   |                    |             |              |              |
| Training      |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved    |      |      |     |                                                     |                   |                    |             |              |              |

**FAULT CATEGORY**

| Landing Gear                                          | General                                 | Other                                                    |
|-------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        |
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| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Mislabeled                      |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         |
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| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |
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|                                                       |                                         | <input type="checkbox"/> Ovalized                        |
|                                                       |                                         | <input type="checkbox"/> Over/Under tolerance            |
|                                                       |                                         | <input type="checkbox"/> Part Incorrect                  |
|                                                       |                                         | <input type="checkbox"/> Part Lost/Missing               |
|                                                       |                                         | <input type="checkbox"/> Part Moved                      |
|                                                       |                                         | <input type="checkbox"/> Positioned Wrong                |
|                                                       |                                         | <input type="checkbox"/> Power Loss/Surge                |
|                                                       |                                         | <input type="checkbox"/> Pressure/Forced                 |
|                                                       |                                         | <input type="checkbox"/> Temperature/Cure                |
|                                                       |                                         | <input type="checkbox"/> Weld                            |
|                                                       |                                         | <input type="checkbox"/> Wrong Stock Pulled              |
|                                                       |                                         | <input type="checkbox"/> Other                           |

|                              |               |                                |
|------------------------------|---------------|--------------------------------|
| <b>DART AEROSPACE LTD</b>    |               | <b>Work Order:</b> 108110      |
| <b>Description:</b> Angle    |               | <b>Part Number:</b> D2175-1/-2 |
| <b>Inspection Dwg:</b> D2175 | <b>Rev:</b> E | <b>Page 1 of 1</b>             |

### FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article
 ☐ Prototype

| Drawing Dimension | Tolerance     | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|---------------|------------------|--------|--------|----------------------|----------|
| 12.650            | +/-0.010      | 12.650           | -      |        | T                    | JKm-06   |
| R0.35             | +/-0.030      | .35              | -      |        | RG                   |          |
| 2.915             | +/-0.010      | 2.915            | -      |        | V                    |          |
| 50°               | +/-0.5°       | 50°              | -      |        | <del>RG</del> pre    | JKm-04   |
| 0.300             | +/-0.010      | .300             | -      |        | V                    |          |
| 1.050 Pitch       | +/-0.010      | 1.050            | -      |        | V                    |          |
| 10.500            | +/-0.010      | 10.500           | -      |        | T                    |          |
| 11.550            | +/-0.010      | 11.550           | -      |        | T                    |          |
| 0.550             | +/-0.010      | .550             | -      |        | V                    |          |
| 0.900             | +/-0.010      | .900             | -      |        | V                    |          |
| 0.063 thick       | +/-0.010      | .063             | -      |        | V                    |          |
| Grain Direction   | N/A           | ↓                | -      |        | Visual               |          |
| Ø0.128            | +0.005/-0.001 | .128             | -      |        | V                    |          |
| Ø0.172            | +0.005/-0.001 | .171             | -      |        | V                    |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |

DAS  
27  
9-89

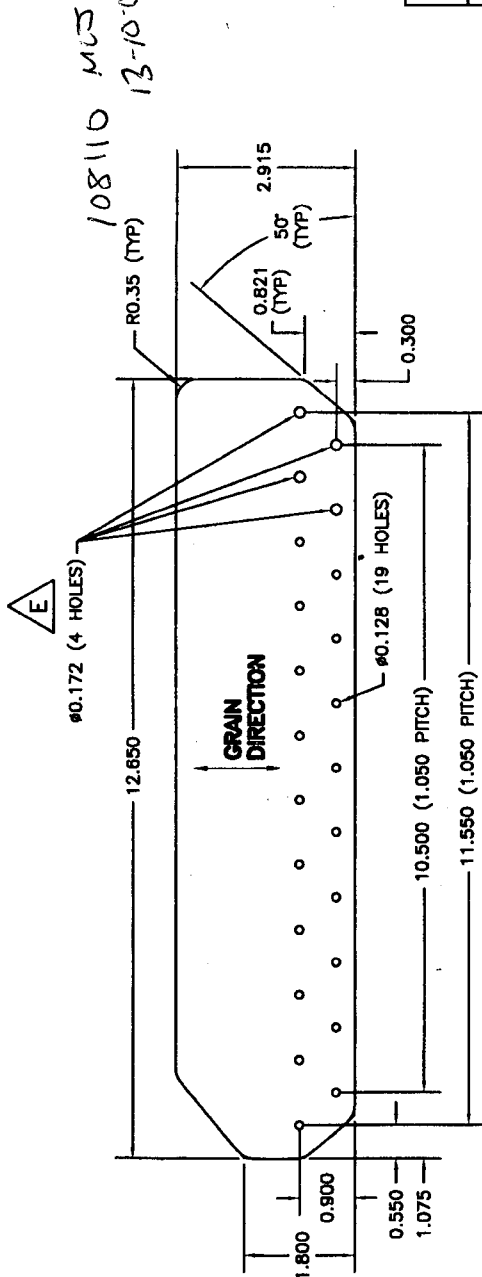
|                       |                       |                                |
|-----------------------|-----------------------|--------------------------------|
| <b>Measured by:</b> A | <b>Audited by:</b> 27 | <b>Prototype Approval:</b> N/A |
| <b>Date:</b> 13.11.18 | <b>Date:</b> 13.11.18 | <b>Date:</b> N/A               |

| Rev | Date     | Change                            | Revised by | Approved |
|-----|----------|-----------------------------------|------------|----------|
| A   | 04.08.12 | New Issue                         | KJ/JLM     |          |
| B   | 07.03.23 | Dimensions revised per Dwg rev. E | KJ/JLM     |          |

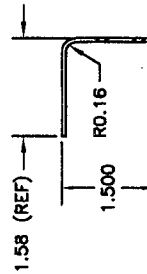


|                  |                         |                                                   |                        |
|------------------|-------------------------|---------------------------------------------------|------------------------|
| DESIGN<br>RF     | DRAWN BY<br>LE          | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA |                        |
| CHECKED<br>PH    | APPROVED<br>[Signature] | DRAWING NO.<br>D2175                              | REV. E<br>SHEET 1 OF 1 |
| DATE<br>06.09.25 |                         | TITLE<br>ANGLE                                    | SCALE<br>1:3           |
| A                | 95.10.25                | NEW ISSUE                                         |                        |
| B                | 96.01.18                | CHANGED DIMENSION                                 |                        |
| C                | 00.09.11                | UPDATE FINISH SPEC                                |                        |
| D                | 04.06.03                | RE-DESIGN                                         |                        |
| E                | 06.09.25                | INC HOLE DIA TO $\phi 0.172$ , 4 HOLES            |                        |

RELEASED  
06.10.13



D2175-1F FLAT PATTERN



D2175-1 BEND DETAIL SHOWN  
(D2175-2 BENT OPPOSITE)

- NOTES:
- 1) MATERIAL: 2024-T3 (QQ-A-250/4) SHEET 0.063 THICK (REF. DART SPEC. M2024T3S.063)
  - 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
  - 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) BREAK ALL SHARP EDGES 0.005 TO 0.010
  - 5) ALL DIMENSIONS ARE IN INCHES

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